

# **EXHIBIT 2**

**PART I: CLAIMANT IDENTIFICATION**

NAME:

RAPHEAL      JAMIE      PALAZZO      III  
 First      Middle      Last      Jr/Sr/III

GENDER: ☐ MALE ☐ FEMALE

SOCIAL SECURITY NUMBER:

573-70-0735

BIRTH DATE:

06-28-1950

Month Day Year

Residential Address:

325 SOUTH MELROSE DRIVE SUITE 200

Street Address

VISTA

City

CA

State

92083

Zip Code

/Province

/Postal Code

Country (if not U.S.)

Day Time Telephone

(714) 439-6592

Area Code

**PART II: ATTORNEY INFORMATION**

If an attorney is representing this claimant or the representative of this claimant, complete this section.  
 (You do not need to be represented by an attorney to submit a claim.)

Law Firm Name

KAZANN, CLATEDIS, ABRAMS, FERNANDEZ, LYONS &amp; FARISE

Attorney Name

First

MI

Last

Mailing Address for Claim-Related Correspondence

Street Address

SAN FRANCISCO

City

CA

State

94109

Zip Code

/Province

/Postal Code

Country (if not U.S.)

Telephone Number

( ) -

Area Code

Fax Number

( ) -

Area Code

E-Mail Address

REC'D JAN 27 2003

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WR Grace

MM.1.4.158

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W.R. Grace & Co.

Asbestos Medical Monitoring

(3847)

Proof of Claim Form

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## PART V: Questions Applicable To Persons Who Were Employed As Commercial Installers or Removers of Zonolite Attic Insulation

*This section should be completed by claimants who allege significant exposure to Zonolite Attic Insulation as a result of installing or removing that product in residences while employed by insulation contractors or construction businesses.*

Have you ever personally installed or removed Zonolite Attic Insulation as an employee of a commercial insulation business or other construction business?

☒ Yes ☐ No

If yes, answer the questions in this Part:

During what time period(s) did you install or remove Zonolite Attic Insulation?

From

02 - 1973  
Month Year

To

04 - 1976  
Month Year

From

02 - 1978  
Month Year

To

11 - 1979  
Month Year

From

10 - 1982  
Month Year

To

11 - 1987  
Month Year

List your employer(s) and job(s) and employment location(s) during each time period in which you installed or removed Zonolite Attic Insulation.

1. Employment dates:

From

02 - 1973  
Month Year

To

04 - 1976  
Month Year

2. Occupation:

description

INSTALLATION / REMOVAL / REPAIR / MAINTENANCE / INSULATION

3. Employer's Name:

INSULATION CONTRACTORS

4. Employer's Address:

1215 STAFF STREET

Street Address

5000

City

SA

State

1215

Zip Code

/Province

/Postal Code

Country (if not U.S.)

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

1-4 %

☐ respirator

☐ face mask

☐ special clothing

☒ other protective equipment

☐ none

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## 1. Employment dates:

From To  
 01-1978 01-1979  
 Month Year Month Year

## 2. Occupation:

description

Insta	SERVICE	Gas fired	residential	Steam heating	Install-remove attic
REPAIR	appliances	Ind-comm	units-insulation	install-remove	insulation-attics

## 3. Employer's Name:

ADEE PLUMBING HEATING AIR CONDITION

## 4. Employer's Address:

1500 SOUTH VERMONT AVENUE

LOS ANGELES

CA

90000

Country (if not U.S.)

State /Province

Zip Code /Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

38 %

☒ respirator
 ☒ face mask
 ☒ special clothing
 ☒ other protective equipment
 ☐ none

## 1. Employment dates:

From To  
 10-1980 11-1987  
 Month Year Month Year

## 2. Occupation:

description

Insta	Service	Gas fired	residential	Steam heating	Install-remove
REPAIR	appliances	Ind-comm	units-insulation	install-remove	insulation-attics

## 3. Employer's Name:

DOE HEATING &amp; PLUMBING HVAC

## 4. Employer's Address:

910 PICO BLVD

SANTA MONICA

CA

90405

Country (if not U.S.)

State /Province

Zip Code /Postal Code

List the percentage of time during that period that you personally installed or removed Zonolite Attic Insulation.

For each employer for whom you installed or removed Zonolite Attic Insulation, describe the protective equipment you used while working in proximity to the Zonolite Attic Insulation.

Percentage of time:

Protective equipment used:

29 %

☒ respirator
 ☒ face mask
 ☒ special clothing
 ☒ other protective equipment
 ☐ none

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